

June 15, 2018

VIA HAND-DELIVERY

Ms. Jocelyn Boyd
Chief Clerk and Administrator
South Carolina Public Service Commission
Synergy Business Park, The Saluda Building
101 Executive Center Drive
Columbia SC 29210

Re: Federal Communications Commission WC Docket No. 10-90
Copies of Information Required to be Filed with the FCC, USAC,
and State Commissions pursuant to 47 C.F.R. §§ 51.917 and 54.304
Docket No. 2013-244-C

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies (see attached list) please find Connect America Fund (CAF) certifications and tariff data. Pursuant to 47 C.F.R. §§51.917 and 54.304, carriers are required to submit certain certifications and data relating to the Connect America Fund with the FCC and USAC at the same time they file their annual interstate access tariffs, and provide a copy of the certifications and tariff data to the state commission. The tariff data has been filed with the FCC and USAC on a confidential and proprietary basis. We are enclosing a public copy of the redacted information as it was provided to the FCC and USAC. We are providing this information by hand-delivery on a CD in PDF format so that the files will be legible.

Please note that this information has been filed with the FCC and USAC in connection with the federal Connect America Fund proceedings. While the FCC rules state that a copy must be provided to the relevant state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these certifications and data to the Commission for information only.

Margaret M. Fox

pfox@mcnair.net
T 803.799.9800
F 803.753.3278

RECEIVED
2018 JUN 15 PM 3:21
SC PUBLIC SERVICE
COMMISSION

McNAIR LAW FIRM, P.A.
1221 Main Street
Suite 1800
Columbia, SC 29201

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Post Office Box 11390
Columbia, SC 29211

mcnair.net

Ms. Jocelyn Boyd
June 15, 2018
Page 2

MCNAIR
ATTORNEYS

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

McNAIR LAW FIRM, P.A.



Margaret M. Fox

MMF/khh
Enclosures

cc: Jeffrey M. Nelson, Esquire, ORS

South Carolina Telephone Coalition Member Companies

Bluffton Telephone Company, Inc.
Chesnee Telephone Company
Chester Telephone Company, d/b/a TruVista
Comporium, Inc. (f/k/a Rock Hill Telephone Company)
Farmers Telephone Cooperative, Inc.
Ft. Mill Telephone Company, d/b/a Comporium
Hargray Telephone Company, Inc.
Home Telephone ILEC, LLC d/b/a Home Telecom
Horry Telephone Cooperative, Inc.
Lancaster Telephone Company, d/b/a Comporium
Lockhart Telephone Company, d/b/a TruVista
Palmetto Rural Telephone Cooperative, Inc.
Piedmont Rural Telephone Cooperative, Inc.
PBT Telecom, d/b/a Comporium
Ridgeway Telephone Company, d/b/a TruVista
Sandhill Telephone Cooperative, Inc.
West Carolina Rural Telephone Cooperative, Inc.

Bluffton Telephone Company, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

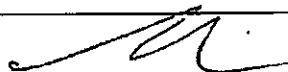
Name of Reporting Carrier		Bluffton Telephone Company	
Signature of Authorized Officer		Date 5/31/18	
Printed name of Authorized Officer		Andrew Rein	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(843) 686 1246 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240512	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Bluffton Telephone Company**

Signature of Authorized Officer



Date **5/31/18**

Printed name of Authorized Officer **Andrew Rein**

Title or position of Authorized Officer **CFO**

Telephone number of Authorized Officer.

(843) 686 1246 ext. **_____**

Study Area Code of Reporting Carrier

240512



Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Bluffton Telephone Company	
Signature of Authorized Officer		Date 5/31/18	
Printed name of Authorized Officer		Andrew Rein	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(843) 686 1246 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240512	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018



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SEE 2018 TARIFF DATA ON ENCLOSED DISC

Chesnee Telephone Company
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer		Date	5/29/2018
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number or Authorized Officer.	(336) 876-6304		
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)
			06/18/2018
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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
Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications
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Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	5/29/2018
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Printed name of Authorized Officer	Cindy Rothstein
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Title or position of Authorized Officer	Executive Director of Finance
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Telephone number of Authorized Officer.	(336) 876-6304
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Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

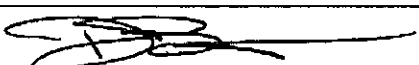
Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer		Date	5/29/2018
Printed name of Authorized Officer	Cindy Rothstein		
Title or position of Authorized Officer	Executive Director of Finance		
Telephone number of Authorized Officer.	(336) 876-6304		
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)
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SEE 2018 TARIFF DATA ON ENCLOSED DISC

Chester Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Chester Telephone Company d/b/a TruVista Communications	
Signature of Authorized Officer			
Date		5-31-18	
Printed name of Authorized Officer		David H. Brunt	
Title or position of Authorized Officer		Executive VP Administration & CFO	
Telephone number of Authorized Officer.		(803) 581-9195	
Study Area Code of Reporting Carrier	240516	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			


Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Chester Telephone Company d/b/a TruVista Communications	
Signature of Authorized Officer		Date 5-31-18	
Printed name of Authorized Officer		David H. Brunt	
Title or position of Authorized Officer		Executive VP Administration & CFO	
Telephone number of Authorized Officer.		(803) 581-9195	
Study Area Code of Reporting Carrier	240516	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Chester Telephone Company d/b/a TruVista Communications	
Signature of Authorized Officer			
Date		5-31-18	
Printed name of Authorized Officer		David H. Brunt	
Title or position of Authorized Officer		Executive VP Administration & CFO	
Telephone number or Authorized Officer.		(803) 581-9195	
Study Area Code of Reporting Carrier	240516	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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SEE 2018 TARIFF DATA ON ENCLOSED DISC

Comporium, Inc.

Connect America Fund Certifications and Tariff Data

Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Comporium, Inc.	
Signature of Authorized Officer		Date 06/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number or Authorized Officer.		(803) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier		Comporium, Inc.	
Signature of Authorized Officer		Date 05/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number of Authorized Officer.		(803) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	05/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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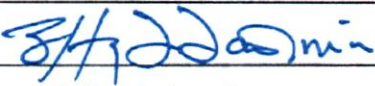

Name of Reporting Carrier		Comporium, Inc.	
Signature of Authorized Officer		Date 06/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President - Regulatory Affairs	
Telephone number of Authorized Officer.		(803) 326-7170 ext. _____	
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Farmers Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

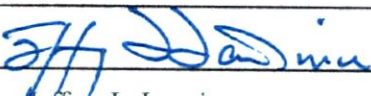
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/8/2018
Printed name of Authorized Officer	Jeffrey L. Lawrimore		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(843) 382-1381 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)
			06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			


Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Farmers Telephone Cooperative, Inc.	
Signature of Authorized Officer			
Date		6/8/2018	
Printed name of Authorized Officer		Jeffrey L. Lawrimore	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number or Authorized Officer.		(843) 382-1381 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.				
Signature of Authorized Officer				Date	6/8/2018
Printed name of Authorized Officer	Jeffrey L. Lawrimore				
Title or position of Authorized Officer	Chief Financial Officer				
Telephone number of Authorized Officer.	(843) 382-1381 ext. _ _ _ _				
Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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SEE 2018 TARIFF DATA ON ENCLOSED DISC

Ft. Mill Telephone Company, d/b/a Comporium
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Fort Mill Telephone Company d/b/a Comporium Communications	
Signature of Authorized Officer		Date 06/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number of Authorized Officer		(803) 326-7170 ext.	
Study Area Code of Reporting Carrier	240521	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier		Fort Mill Telephone Company d/b/a Comporium Communications	
Signature of Authorized Officer		Date: 06/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President-Regulatory Affairs	
Telephone number of Authorized Officer.		(803) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	240521	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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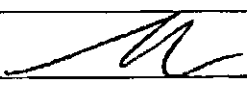

Name of Reporting Carrier		Fort Mill Telephone Company d/b/a Comporium Communications	
Signature of Authorized Officer		Date 06/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number of Authorized Officer.		(803) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	240521	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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SEE 2018 TARIFF DATA ON ENCLOSED DISC

Hargray Telephone Company, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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Name of Reporting Carrier				Hargray Telephone Company	
Signature of Authorized Officer					
			Date 5/31/18		
Printed name of Authorized Officer				Andrew Rein	
Title or position of Authorized Officer				CFO	
Telephone number or Authorized Officer.				(843) 686 1246 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240523		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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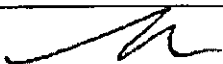

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier		Hargray Telephone Company	
Signature of Authorized Officer		Date 5/31/18	
Printed name of Authorized Officer		Andrew Rein	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(843) 686 1246 ext. _____	
Study Area Code of Reporting Carrier	240523	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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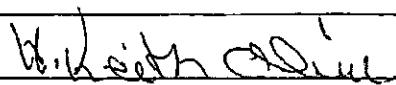

Name of Reporting Carrier		Hargray Telephone Company	
Signature of Authorized Officer		<div style="text-align: center;">  </div> <div style="float: right; text-align: right;"> Date 5/31/18 </div>	
Printed name of Authorized Officer		Andrew Rein	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(843) 686 1246 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240523	 Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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SEE 2018 TARIFF DATA ON ENCLOSED DISC

Home Telephone ILEC, LLC d/b/a Home Telecom
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

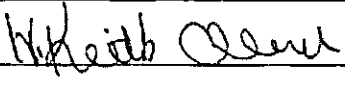

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom		
Signature of Authorized Officer		Date	6/15/18
Printed name of Authorized Officer	H. Keith Oliver		
Title or position of Authorized Officer	Vice President, Corporate Operations		
Telephone number of Authorized Officer.	(843) 761 9100 ext. N/A		
Study Area Code of Reporting Carrier	240527		Filing Due Date for this form (mm/dd/yyyy)
			06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

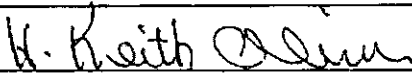

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Home Telephone ILEC, d/b/a Home Telecom	
Signature of Authorized Officer		Date	
		6/15/18	
Printed name of Authorized Officer		H. Keith Oliver	
Title or position of Authorized Officer		Vice President, Corporate Operations	
Telephone number of Authorized Officer.		(_843_) _761_ _9100_ ext. N/A_	
Study Area Code of Reporting Carrier	240527		Filing Due Date for this form (mm/dd/yyyy)
			06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

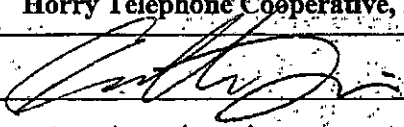
Name of Reporting Carrier		Home Telephone ILEC, d/b/a Home Telecom	
Signature of Authorized Officer		Date	6/15/18
Printed name of Authorized Officer		H. Keith Oliver	
Title or position of Authorized Officer		Vice President, Corporate Operations	
Telephone number of Authorized Officer.		(843) 761 9100 ext. N/A	
Study Area Code of Reporting Carrier	240527		Filing Due Date for this form (mm/dd/yyyy)
			06/18/2018
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Horry Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

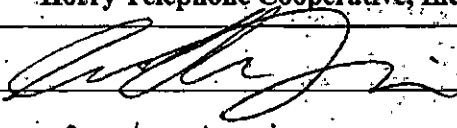
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Horry Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	
		6/13/18	
Printed name of Authorized Officer		Carlton Lewis	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(843) 365 2151 ext. _____	
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

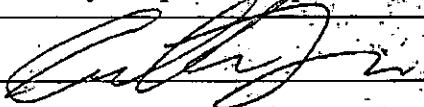
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Horry Telephone Cooperative, Inc.	
Signature of Authorized Officer			
Printed name of Authorized Officer		Carlton Lewis	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer		(843) 365 2151 ext. _____	
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Horry Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/13/18
Printed name of Authorized Officer	Carlton Lewis		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(843) 365 2151 ext. _____		
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Lancaster Telephone Company, d/b/a Comporium
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Lancaster Telephone Company d/b/a Comporium Communications	
Signature of Authorized Officer		Date 06/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number of Authorized Officer.		(803_) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	240531	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

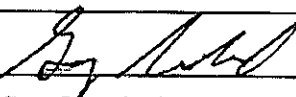
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Lancaster Telephone Company d/b/a Comporium Communications	
Signature of Authorized Officer		Date 06/08/18	
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number of Authorized Officer.		(803) 326-7170 _____ ext. _____	
Study Area Code of Reporting Carrier	240531	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	06/08/18
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	(803) 326-7170 _____ ext. _____		
Study Area Code of Reporting Carrier	240531	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Lockhart Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Lockhart Telephone Company d/b/a TruVista Communications	
Signature of Authorized Officer		Date 5-31-18	
Printed name of Authorized Officer		David H. Brunt	
Title or position of Authorized Officer		Executive VP Administration & CFO	
Telephone number of Authorized Officer.		(803) 581-9195	
Study Area Code of Reporting Carrier	240532	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			


Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Lockhart Telephone Company d/b/a TruVista Communications	
Signature of Authorized Officer		Date 5-31-18	
Printed name of Authorized Officer		David H. Brunt	
Title or position of Authorized Officer		Executive VP Administration & CFO	
Telephone number or Authorized Officer.		(803) 581-9195	
Study Area Code of Reporting Carrier	240532	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Lockhart Telephone Company d/b/a TruVista Communications	
Signature of Authorized Officer 		Date 5-31-18	
Printed name of Authorized Officer		David H. Brunt	
Title or position of Authorized Officer		Executive VP Administration & CFO	
Telephone number or Authorized Officer.		(803) 581-9195	
Study Area Code of Reporting Carrier	240532	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Palmetto Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier:		PALMETTO RURAL TEL. COOP., INC.	
Signature of Authorized Officer:		Dewaine Wilson Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.coop, O=palmetto rural tel. coop., inc., c=US, Date: 5/16/2018	Date: 5/16/2018
Printed name of Authorized Officer:		Dewaine Wilson	
Title or position of Authorized Officer:		Controller	
Telephone number of Authorized Officer:		843 538-9382	
Study Area Code of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PALMETTO RURAL TEL. COOP., INC.

Dewaine Wilson

Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.coop, o=palmetto rural tel. coop., Inc., Date: 5/16/2018

Signature of Authorized Officer or employee:

Date: 5/16/2018

Printed name of Authorized Officer or employee:

Dewaine Wilson

Title or position of Authorized Officer or employee:

Controller

Telephone number of Authorized Officer or employee:

843 538-9382

Study Area Code of Reporting Carrier

240536

Filing Due Date for this form (mm/dd/yyyy)

6/18/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).			
Name of Reporting Carrier:		PALMETTO RURAL TEL. COOP., INC.	
Signature of Authorized Officer or employee:		Dewaine Wilson	Digitally signed by Dewaine Wilson DN: cn=Dewaine Wilson, email=dewaine.wilson@prtc.coop, o=palmetto rural tel. coop., inc., c=US, Date: 5/16/2018
Printed name of Authorized Officer or employee:		Dewaine Wilson	Date: 5/16/2018
Title or position of Authorized Officer or employee:		Controller	
Telephone number of Authorized Officer or employee:		843 538-9382	
Study Area Code of Reporting Carrier	240536	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Piedmont Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

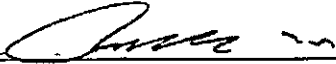
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Piedmont Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer		<div style="display: flex; align-items: center;"> <div style="text-align: right;"> Date May 30, 2018 </div> </div>	
Printed name of Authorized Officer		Randy Lis	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		864-682-3131	
Study Area Code of Reporting Carrier	240538	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Piedmont Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	
		May 30, 2018	
Printed name of Authorized Officer		Randy Lis	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		864-682-3131	
Study Area Code of Reporting Carrier	240538	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Piedmont Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date <i>May 30, 2018</i>	
Printed name of Authorized Officer		Randy Lis	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		864-682-3131	
Study Area Code of Reporting Carrier	240538	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

PBT Telecom, d/b/a Comporium
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier:		PBT TELECOM, INC.	
Signature of Authorized Officer:		L. Spearman	
		Digitally signed by L. Spearman DN: cn=L. Spearman, email=bspearman@pbtel.net, O=pbt telecom, inc., Date: 5/16/2018	
Printed name of Authorized Officer:		L. Spearman	
Title or position of Authorized Officer:		Director of Business Development	
Telephone number of Authorized Officer:		803-894-1104	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier: PBT TELECOM, INC.		Digitally signed by L. Spearman DN: cn=L. Spearman, email=bspearman@pbtel.net, o=pbt telecom, inc., Date: 5/16/2018	
Signature of Authorized Officer or employee:		Date: 5/16/2018	
Printed name of Authorized Officer or employee: L. Spearman			
Title or position of Authorized Officer or employee: Director of Business Development			
Telephone number of Authorized Officer or employee: 803-894-1104			
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).			
Name of Reporting Carrier:		PBT TELECOM, INC.	
Signature of Authorized Officer or employee:		L. Spearman	
Digitally signed by L. Spearman DN:cn=L. Spearman, email=bspearman@pbritel.net, o=pbritel telecom, inc., c=		Date: 5/16/2018	
Printed name of Authorized Officer or employee: L. Spearman			
Title or position of Authorized Officer or employee: Director of Business Development			
Telephone number of Authorized Officer or employee:		803-894-1104	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Ridgeway Telephone Company, d/b/a TruVista
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Ridgeway Telephone Company d/b/a TruVista Communications
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Signature of Authorized Officer 	Date 05/31/18
---	----------------------

Printed name of Authorized Officer	David H. Brunt
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Title or position of Authorized Officer	Executive VP Administration & CFO
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Telephone number or Authorized Officer.	(803) 581-9195
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Study Area Code of Reporting Carrier	240541		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Ridgeway Telephone Company d/b/a TruVista Communications	
Signature of Authorized Officer		Date 05/31/18	
Printed name of Authorized Officer		David H. Brunt	
Title or position of Authorized Officer		Executive VP Administration & CFO	
Telephone number of Authorized Officer.		(803) 581-9195	
Study Area Code of Reporting Carrier	240541	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer 

Date 05/31/18

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive VP Administration & CFO**

Telephone number of Authorized Officer.

(803) 581-9195

Study Area Code of Reporting Carrier

240541



Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

SEE 2018 TARIFF DATA ON ENCLOSED DISC

Sandhill Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier:	SANDHILL TEL. COOP., INC.		
Signature of Authorized Officer:	Lee Chambers	Digitally signed by Lee Chambers DN: cn=Lee Chambers, email=lee.chambers@shlc.net, O=sandhill tel. coop., inc, lj=Jefferson SC 29718, Date:5/21/2018	
Printed name of Authorized Officer:	Lee Chambers		
Title or position of Authorized Officer:	CEO/Manager		
Telephone number of Authorized Officer:	843-658-6379		
Study Area Code of Reporting Carrier	240546	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SANDHILL TEL. COOP., INC.

Lee Chambers

Digitally signed by Lee Chambers DN: cn=Lee Chambers, email=lee.chambers@shlc.net, O=sandhill tel coop., Inc., P=Jefferson SC 29718, Date: 5/21/2018

Signature of Authorized Officer or employee:

Date: 5/21/2018

Printed name of Authorized Officer or employee:

Lee Chambers

Title or position of Authorized Officer or employee:

CEO/Manager

Telephone number of Authorized Officer or employee:

843-658-6379

Study Area Code of Reporting Carrier


240546

Filing Due Date for this form (mm/dd/yyyy)

6/18/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).				
Name of Reporting Carrier:		SANDHILL TEL. COOP., INC.		
Signature of Authorized Officer or employee:		Lee Chambers	Digitally signed by Lee Chambers DN cn=Lee Chambers, email=lee.chambers@shlc.net, o=sandhill tel coop., inc., f=Jefferson SC 29718, Date: 5/21/2018	
Printed name of Authorized Officer or employee:		Lee Chambers		
Title or position of Authorized Officer or employee:		CEO/Manager		
Telephone number of Authorized Officer or employee:		843-658-6379		
Study Area Code of Reporting Carrier	240546	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

SEE 2018 TARIFF DATA ON ENCLOSED DISC

West Carolina Rural Telephone Cooperative, Inc.
Connect America Fund Certifications and Tariff Data
Pursuant to 47 C.F.R. §§ 51.917 and 54.303

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier:		WEST CAROLINA RURAL TEL. COOP.		
Signature of Authorized Officer:		Lance Tade	Digitally signed by Lance Tade DN, cn=Lance Tade, email=Lance.tade@wcltel.com, O=west carolina rural tel coop, IP, Date: 5/17/2018	Date: 5/17/2018
Printed name of Authorized Officer:		Lance Tade		
Title or position of Authorized Officer:		Chief Financial Officer		
Telephone number of Authorized Officer:		864-446-9256		
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: WEST CAROLINA RURAL TEL. COOP.

Lance Tade

Digitally signed by Lance Tade DN: cn=Lance Tade, email=Lance.tade@wctel.com, O=west carolina rural tel. coop., c=US, Date: 5/17/2018

Signature of Authorized Officer or employee:

Date: 5/17/2018

Printed name of Authorized Officer or employee:

Lance Tade

Title or position of Authorized Officer or employee:

Chief Financial Officer

Telephone number of Authorized Officer or employee:

864-446-9256

Study Area Code of Reporting Carrier

240550

Filing Due Date for this form (mm/dd/yyyy)

6/18/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).			
Name of Reporting Carrier:		WEST CAROLINA RURAL TEL. COOP.	
Signature of Authorized Officer or employee:		Date: 5/17/2018	
Lance Tade		Digitally signed by Lance Tade DN: cn=Lance Tade, email=Lance.Tade@wctel.com, O=west carolina rural tel. coop, Inc, Date: 5/17/2018	
Printed name of Authorized Officer or employee: Lance Tade			
Title or position of Authorized Officer or employee: Chief Financial Officer			
Telephone number of Authorized Officer or employee:		864-446-9256	
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	6/18/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

SEE 2018 TARIFF DATA ON ENCLOSED DISC